

## Substitute for Form PTO-875

Application or Docket Number

Application or Docket Number  
10/608164

(Column 1)

(Column 2)

**OR**

**OR**

**SMALL ENTITY**

\* If the difference in column 1 is less than zero, enter "0" in column 2.

(Column 1)

(Column 2)

(Column 3)

## OR

OR

**SMALL ENTITY**

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))

**(Column 1)**

**(Column 2)**

**(Column 3)**

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**FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))**

(Column 1)

(Column 2)

**(Column 3)**

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- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number

collection of information is required by 37 C.F.R. 1.16. The information is required to obtain or retain a benefit by the public which

**If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.**